



| RELAY NOMINATION FORM | | | | | |
|---|-----------|-------|--|-----------|-----|
| EVENT NUMBER: | | HEAT: | | LANE: | |
| EVENT: | | | | | |
| CLUB: | | | | | |
| RELAY TEAM IN ORDER OF SWIMMING | | | | | |
| MEDLEY | FREESTYLE | NAME | | | AGE |
| BACKSTROKE | 1 | | | | |
| BREASTSTROKE | 2 | | | | |
| BUTTERFLY | 3 | | | | |
| FREESTYLE | 4 | | | | |
| | | | | | |
| TEAM MANAGER NAME | | | | SIGNATURE | |
| <p>ANY CHANGES TO RELAY TEAMS (SWIMMERS' NAMES AND/OR ORDER OF SWIMS) AS PUBLISHED IN THE PROGRAM MUST BE SUBMITTED BY THE TEAM MANAGER ON THIS FORM WITHIN 10 MINUTES OF COMPLETION OF THE SESSION PRIOR TO THAT IN WHICH THE EVENT IS SCHEDULED.</p> <p>FOR RELAYS SCHEDULED FOR SESSION 1 ONLY, CHANGES MUST BE SUBMITTED WITHIN 10 MINUTES OF THE SCHEDULED START OF WARM-UP TIME.</p> | | | | | |



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